

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014057

1. Entity Name  
VANSTAHL U.S.A., INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
04-24-2001 90012 009 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2198 MAIN ST~~  
~~SARASOTA FL 34237~~  
~~US~~

~~2198 MAIN ST~~  
~~SARASOTA FL 34237~~  
~~US~~

643542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

913 Mc EWEEN DRIVE  
Suite, Apt. #, etc.

913 Mc EWEEN DRIVE  
Suite, Apt. #, etc.

City & State

City & State

OSPREY FL

OSPREY

4. FEI Number 65-0560330

Applied For

Not Applicable

Zip 34229 Country USA

Zip 34229 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAENSCH, PETER J  
2198 MAIN ST  
SARASOTA FL 34237

Name LETOUCHE JEANNINE

Street Address (P.O. Box Number is Not Acceptable)  
913-Mc EWEEN DRIVE

City OSPREY FL Zip Code 34229

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LETOUCHE, JEANNINE  
STREET ADDRESS 913 MCEWEN DR  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME VAN HULLE, MARCEL PRESIDE  
STREET ADDRESS 913 MCEWEN DR.  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME VAN HULLE, PASCAL VP  
STREET ADDRESS 913 MCEWEN DR.  
CITY-ST-ZIP OSPREY FL 34229 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001 (941) 9665329  
Date Daytime Phone #

CR2E034 (10/00)